

<p><b>I. Purpose of Visit</b> <i>Description of the work or visit purpose, time frame and classification level.</i></p> <p>*Purpose of Visit:</p> <p>*Start Date:</p> <p>*End Date: (not to exceed 1 year)</p> <p>*Will access to CLASSIFIED information be required?</p> <p>Yes</p> <p>No</p> <p>If Yes, at which classification level? (Confidential, Secret, Top Secret)</p> <p><b>II. Point of Contact (POC) Data</b> <i>Federal civil service/military, Contracting Officer's Representative (COR), host or delegated alternate of the contract/visit.</i></p> <p>Mr./Mrs./Ms: *First Name: MI:</p> <p>*Last Name:</p> <p>*POC Work Phone Number: Ext:</p> <p>POC Work Fax Number:</p> <p>*POC Work Email Address/Signature:</p> <p><b>III. Requester Data</b> <i>The Company/individual initiating this request. For example, a company's Facility Security Officer (FSO).</i></p> <p>*Is the Requestor the Facility Security Officer? Yes No</p> <p>*First Name: M.I.:</p> <p>*Last Name:</p>	<p>*Work Address:</p> <p>*Work City: *Work State: *Work Zip:</p> <p>*Work Country:</p> <p>*Work Phone Number: Ext.:</p> <p>Work Fax Number:</p> <p>Work Email Address:</p> <p><b>IV. Company Data</b> <i>Contact information for official business correspondence.</i></p> <p>*Company Name: CAGE Code:</p> <p>*Is Company Incorporated in US? Yes No *Is Company Foreign Owned, Controlled or Influenced (FOCI)? Yes No</p> <p>*Company Address:</p> <p>*Company City: *Company State:</p> <p>*Company Zip: *Company Country:</p> <p>*Company Phone Number:</p> <p>Company Fax Number:</p> <p><b>V. Contract Data</b> <i>All visits over 30 days require a contract number. If working on more than one, submit a base access request for each contract supported.</i></p> <p>*Contract Number:</p> <p>*Expiration Date:</p>
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# CONTRACTOR BASE ACCESS REQUEST FORM

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<p><b>VI. Contractor/Visitor Data</b> <i>Information concerning the individual requiring base access.</i></p> <p>*Position Title:</p> <p>*SSN: <span style="float: right;"><i>(or applicable Foreign National ID number)</i></span></p> <p>*Date of Birth:</p> <p>Mr./Mrs./Ms.:      *First Name:</p> <p>Middle Initial:    *Last Name:</p> <p>Nick Name:                      Maiden Name:</p> <p>*Birth City:                      *Birth State:</p> <p>*Birth Country:                *Citizenship:</p> <p>Home Email Address:</p> <p>Home Phone Number:</p> <p>*Home Address:</p> <p>*Home City:                      *Home State:</p> <p>*Home Zip:                      *Country of Residence:</p> <p><b>*Please indicate the contractor's working status at this installation.</b></p> <p>On-Site            <i>(Employed in a federal facility)</i></p> <p>Off-Site           <i>(Employed in a private facility)</i></p> <p>Visitor            <i>(At the installation in a visit capacity only, short term &gt;30 days)</i></p> <p>Will Contractor/Visitor need a Picture (hard) badge? Yes      No</p> <p><b>If contractor will be working ON-SITE, aboard the complex or in a federally-leased facility, complete the following:</b></p> <p>*Primary Building Number:              Room Number:              Suite Number:</p>	<p>*Work Site Location:</p> <p>*Unit Identification Code (UIC #):</p> <p>Phone #: <span style="float: right;"><i>(If unknown, enter phone number of government POC who will be able to locate the contractor.)</i></span></p> <p>*Benefitting Site Location:                      Competency Code:</p> <p>*Team Code Supported: (a):                      (b):                      (c):</p> <p>(d):                      (e):</p> <p>*Essential Personnel Status: Key                      Essential</p> <p>Non-Essential                      <i>(Must be verified by the government POC)</i></p> <p>*After hours access? Yes                      No</p> <p><b>If contractor will be supporting the installation at private contractor facility OFF-SITE, complete the following address information:</b></p> <p>*Company Work Address:</p> <p>*Company Work City:                      *Company Work State:</p> <p>*Company Work Zip:                      *Company Work Country:</p> <p>*Company Work Phone Number:</p> <p>Company Work Fax Number:</p> <p>Work Email Address:</p> <p><b>If contractor is a VISITOR aboard the station, identify the primary building to be visited:</b></p> <p>*Location(s) to be Visited/Building Number(s) :</p>
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